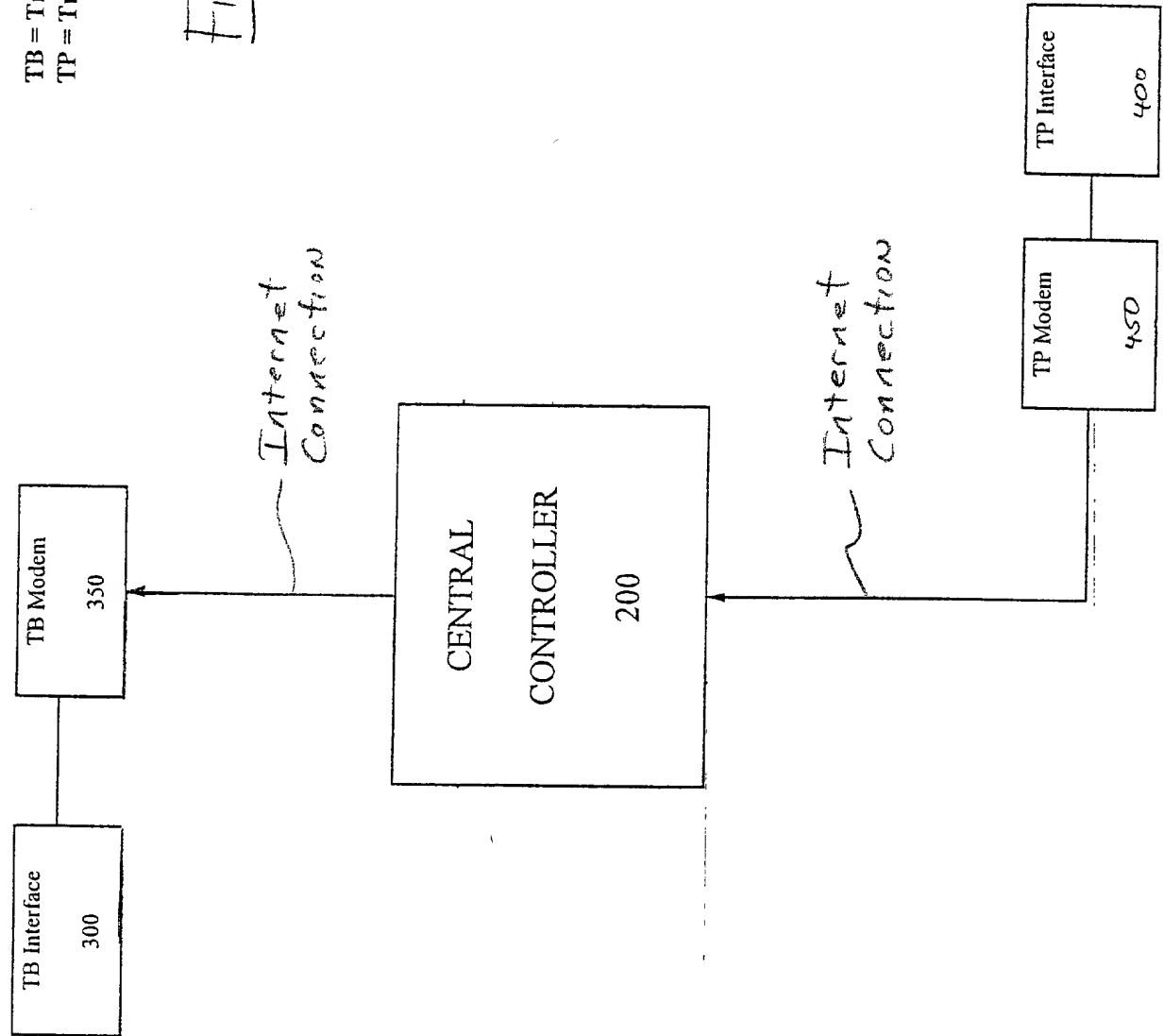


TB = Transportation Buyer
TP = Transportation Provider

Fig 1



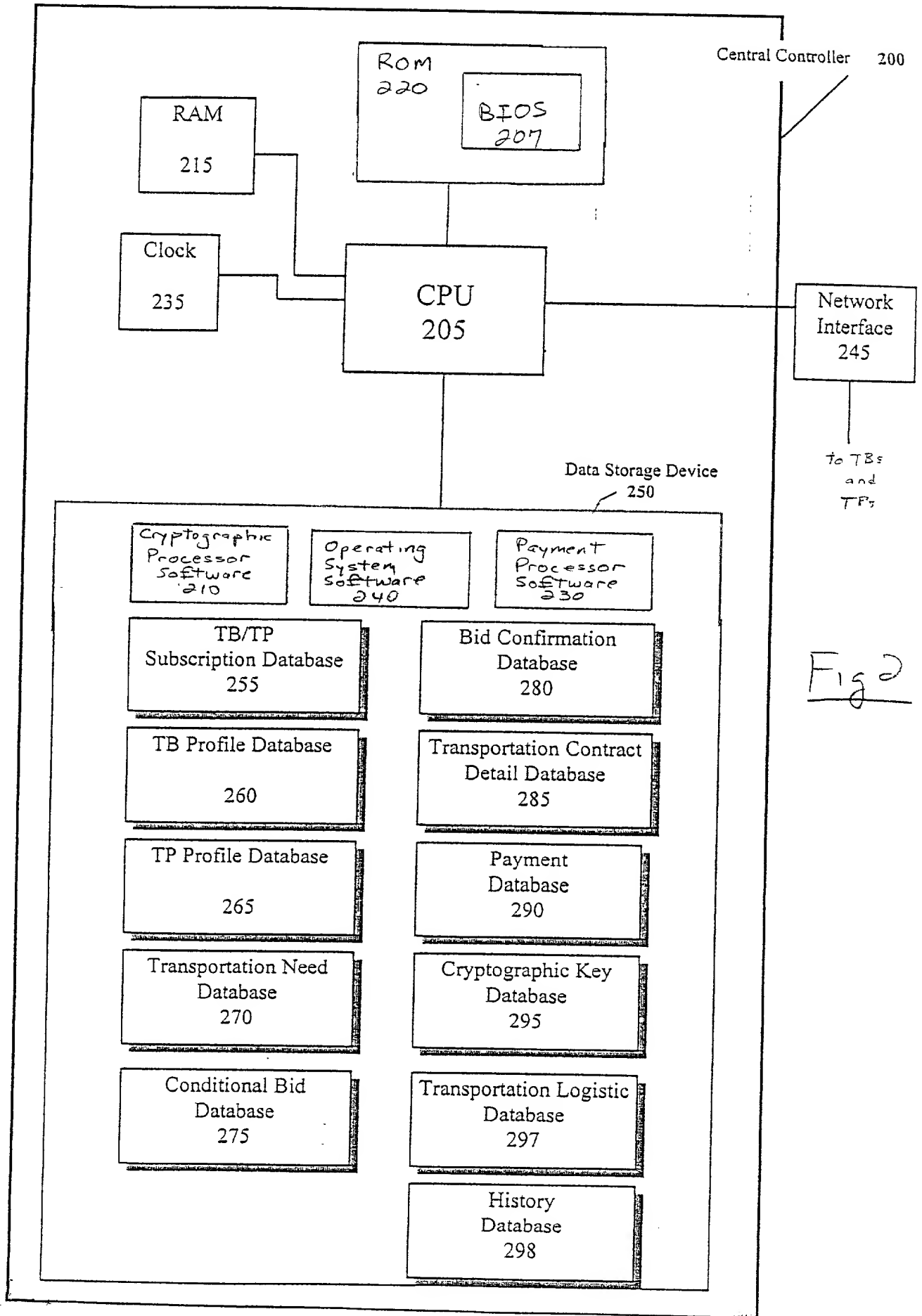


Fig 39
T B Information Profile

Company Name:
Address:
City: State: Zip Code:
Phone Number: Fax Number:
General Office Hours: Monday through Friday a.m. to p.m.
In case of emergency call:

CONTACTS

** "Access: Y, N" defines the personnel you want to have access to information through, and from, their PC. **

			YES	NO
1) EXEC.CONTACT:	<input type="text"/>	Title <input type="text"/> Access:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:	<input type="text"/>	Fax: <input type="text"/>		
2) MAIN CONTACT:	<input type="text"/>	Title <input type="text"/> Access:	<input type="checkbox"/>	<input type="checkbox"/>
(The contact who is responsible for day to day business relations with TP)				
Phone:	<input type="text"/>	Fax: <input type="text"/>		
3) TRAFFIC MGR:	<input type="text"/>	Access:	<input type="checkbox"/>	<input type="checkbox"/>
(The contact who receives all faxes TP correspondence except invoices)				
Phone:	<input type="text"/>	Fax: <input type="text"/>		
4) SHIPPING CONTACT:	<input type="text"/>	Access:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:	<input type="text"/>	Fax: <input type="text"/>		
5) RECEIVING CONTACT:	<input type="text"/>	Access:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:	<input type="text"/>	Fax: <input type="text"/>		
6) ACCOUNTING MANAGER:	<input type="text"/>	Access:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:	<input type="text"/>	Fax: <input type="text"/>		
7) ACCOUNTS PAYABLE:	<input type="text"/>	Access:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:	<input type="text"/>	Fax: <input type="text"/>		
8) ACCOUNTS RECEIVABLE:	<input type="text"/>	Access:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:	<input type="text"/>	Fax: <input type="text"/>		
9) CLAIMS MANAGER:	<input type="text"/>	Access:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:	<input type="text"/>	Fax: <input type="text"/>		
10) EDI/MIS MANAGER:	<input type="text"/>	Access:	<input type="checkbox"/>	<input type="checkbox"/>
EDI ID:	<input type="text"/>	EDI Qualifier: <input type="text"/> Phone: <input type="text"/>		

Fig 3b

EXCLUSION LIST

(Carriers or competitors with whom you do not wish to do business)

- | | |
|-------------------------|-------------------------|
| 1. <input type="text"/> | 2. <input type="text"/> |
| 3. <input type="text"/> | 4. <input type="text"/> |
| 5. <input type="text"/> | 6. <input type="text"/> |
| 7. <input type="text"/> | 8. <input type="text"/> |

SHIPPING DOCK INFORMATION

Location Code: (For example, a vendor number or your plant number)

Address:

City: State: Zip Code:

Phone Number: Fax Number:

In case of a transportation emergency call:

Dock Height: (In. Door Height: (In.)

Max Trailer Length: (Ft.) Max Trailer Height: (Ft.) (In.)

Shipping:	Start Time	End Time
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>
Lunch Break	<input type="text"/>	<input type="text"/>

Is a pickup appointment required: Y, N Phone Number:

Generic Product Description

Directions to shipping dock from the nearest major highway intersection:

Fig 3c

RECEIVING DOCK INFORMATION

Location Code: For example, a vendor number or your plant number)

Address:

City: State: Zip Code:

Phone Number: Fax Number:

In case of a transportation emergency call: Phone number:

Dock Height: (In. Door Height: (In.)

Max Trailer Length: (Ft.) Max Trailer Height: (Ft.) (In.)

Receiving:

Start Time

End Time

Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>
Lunch Break	<input type="text"/>	<input type="text"/>

Is a delivery appointment required: Y, N Phone Number:

Directions to shipping dock from the nearest major highway intersection:

Fig 3d.

ADDITIONAL SHIPPER INFORMATION

Number of Expected Shipments per week? Both, Inbound or Outbound Shipments
(Please circle your choices)

Is a Proof of Delivery required? YES ☐ NO ☐ Is a Fax Sufficient? YES ☐ NO ☐

If "YES" who should the POD be sent to:

Name:

Address:

City:

State:

Zip:

Do you wish to establish default dock hours for shipping and receiving locations you may provide to The Exchange? YES ☐ NO ☐ If Yes, please provide your default settings below:

Shipping:	Start	End	Receiving:	Start	End
Monday	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Lunch Break	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

What shipment status information would you like to receive?

	YES	NO		YES	NO
When a carrier selects your shipment?	<input type="checkbox"/>	<input type="checkbox"/>	When a pickup is complete?	<input type="checkbox"/>	<input type="checkbox"/>
When delivery appointment is made?	<input type="checkbox"/>	<input type="checkbox"/>	When a delivery is complete?	<input type="checkbox"/>	<input type="checkbox"/>
As in-transit updates are received?	<input type="checkbox"/>	<input type="checkbox"/>	If a claim is encountered?	<input type="checkbox"/>	<input type="checkbox"/>
When added charges are applied?	<input type="checkbox"/>	<input type="checkbox"/>			

Are any of these shipment reference numbers required?

Your shipper's order number?	<input type="checkbox"/>	<input type="checkbox"/>	The Consignee's PO number?	<input type="checkbox"/>	<input type="checkbox"/>
The Bill of Lading number?	<input type="checkbox"/>	<input type="checkbox"/>	The Shipping Order number?	<input type="checkbox"/>	<input type="checkbox"/>
A Pick-up number?	<input type="checkbox"/>	<input type="checkbox"/>	A Delivery number?	<input type="checkbox"/>	<input type="checkbox"/>
Your Billing/Payable number:	<input type="checkbox"/>	<input type="checkbox"/>	A Third Party order number?	<input type="checkbox"/>	<input type="checkbox"/>

Do you want to establish a standard expiration time for shipments you provide to ETRANS. COM

YES / NO

Your preferred shipment expiration time?

Fig 3e

HAZARDOUS SHIPMENT INFORMATION

(Define the hazardous materials shipped routinely on your Bills of Lading. Provide Hazmat documents please)

Description:	<input type="text"/>	Class:	<input type="text"/>	MSDS No.	<input type="text"/>
Description:	<input type="text"/>	Class:	<input type="text"/>	MSDS No.	<input type="text"/>
Description:	<input type="text"/>	Class:	<input type="text"/>	MSDS No.	<input type="text"/>
Description:	<input type="text"/>	Class:	<input type="text"/>	MSDS No.	<input type="text"/>
Description:	<input type="text"/>	Class:	<input type="text"/>	MSDS No.	<input type="text"/>
Description:	<input type="text"/>	Class:	<input type="text"/>	MSDS No.	<input type="text"/>
Description:	<input type="text"/>	Class:	<input type="text"/>	MSDS No.	<input type="text"/>
Description:	<input type="text"/>	Class:	<input type="text"/>	MSDS No.	<input type="text"/>

COMPUTER SYSTEMS INFORMATION

(When applicable)

Do you use an Internet service provider currently? YES ☐ NO ☐
(Enter the name of your Internet service provider)

- What is the type of connection you maintain? ☐ Dialup ☐ ISDN ☐ T1 Line ☐ ?
- What is the speed of your connection? ☐ 14.4kpb ☐ 28.8kps ☐ 128kps ☐ ?
- What is your Domain Name or Email address? Ours is
- What is your Home Page URL address? Ours is

Please define the computer systems you currently use in your company.

	YES	NO		
Mainframe Computer	<input type="checkbox"/>	<input type="checkbox"/>	Type: <input type="text"/>	Applications: <input type="text"/>
Mid Range Computer	<input type="checkbox"/>	<input type="checkbox"/>	Type: <input type="text"/>	Applications: <input type="text"/>
Micro Computer	<input type="checkbox"/>	<input type="checkbox"/>	Type: <input type="text"/>	Applications: <input type="text"/>
Are you EDI Capable?	<input type="checkbox"/>	<input type="checkbox"/>	X transaction sets used:	204 210 214 820 850
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Fig 3E

ACCOUNTING INFORMATION

Tax Exempt: YES ☐ NO ☐ Federal Tax ID:

MEMBER'S BANK:

(Name of Bank checks to NTE will be drawn from)

Account Description: (Checking, Savings, etc.)

Bank Branch: (If different from above)

Bank address:

City: State: Zip:

Account No.: Bank No.: Lockbox No.:
(Branch ABA Routing) (If applicable)

Bank Contact Name: Bank Phone:

SEND CHECKS TO:

Name:

Address:

City: State: Zip:

Phone: Fax:

SEND INVOICES TO:

Name:

Address:

City: State: Zip:

Phone: Fax:

Requested Payment Terms: ☐ 20 days ☐ 10 days ☐ Other
(Please define)

Fig 49
TP Information Profile

General

Carrier Name:	SCAC Code:
---------------	------------

Senior Level Contact

Name:	Phone:
Title:	Fax:
Web Site:	Email:

Physical Address (no Post Office Boxes)

Mailing Address (if different)

Authority

1. Does your company meet all DOT requirements? Yes ☐ No ☐
2. Do you have 48-state operating authority? Yes ☐ No ☐

Please provide a copy of Authority certificate. Click here for procedure

Financials

1. Are you a public or privately held company? Public ☐ Private ☐
2. Please describe your financial situation:

Year	Revenue (\$000)		Profit (Loss)	Operating Ratio	Debt/Equity Ratio
	Total	HPC			

3. Are you currently in or have you emerged from bankruptcy Proceedings (Chapter 11 or other) within the last five years? Yes ☐ No ☐
4. Are you a union or a non-union carrier? Union ☐ Non-Union ☐

Experience

1. Services provided: (Please check all that apply)

<input type="checkbox"/> Dry Truckload	<input type="checkbox"/> Dry LTL	<input type="checkbox"/> Flatbed Truckload
<input type="checkbox"/> Refrigerated Truckload	<input type="checkbox"/> Refrigerated LTL	<input type="checkbox"/> Intermodal (COFC or TOFC)
<input type="checkbox"/> Other: <input style="width: 400px;" type="text"/>		

2. Please list the major product groups you haul on a regular basis:

3. Please provide relevant customer references:

Fig 4b

Drivers

1. Please provide a breakdown of your current driver base:

Type	Number of Drivers	Average Experience (years)
Company		
Owner/Operator		
Fleet Operations		
Trip Lease		
Other		

2. Driver turnover ratio: 1998: %
1999: %
3. Do all drivers have CDL licenses? Yes ☐ No ☐
Please list additional minimum qualifications:
4. Can you provide team or relay drivers if required? Yes ☐ No ☐

Terminals

1. Provide a list of your terminal facilities with a description of the operations as indicated below:

Location (City, State)	Number of Tractors	Number of Drivers	Dispatch Availability #days/week	#hours/day

2. Do you have a central dispatch facility? Yes ☐ No ☐
If yes, where?
Dispatch availability: #Days/wk: #Hours/day:

Equipment

1. Do you subcontract (broker) to handle peak or overflow shipments? Yes ☐ No ☐
2. Can you provide drop trailers if required? Yes ☐ No ☐
3. Please describe current equipment base ("vans" includes both dry and reefer):

	Number of Units			Miscellaneous		
Equipment Type	Company Owned	Owner/Operator	Average Age	#Air Ride Equipped	Interior Load Width	Maximum Weight
Tractors						
28' Vans						
40' Vans/Containers						
45' Vans/Containers						
48' Vans/Containers						
53' Vans/Containers						
Flatbeds						

Fig 4c

Insurance

1. Please describe your current insurance coverage:

Type	Insurance Carrier	Coverage Amt (\$)	Deductible (\$)	Expiration
Cargo				
General Liability				
Auto Liability				
Workman's Comp.				

2. What is your "claims ratio" (\$ claims paid/\$ total operating revenue)? %
3. What is your "claims paid ratio" (\$ claims paid/\$ claims filed)? %
4. What is your time standard for settling claims (in days from receipt to payment)?

Please provide a copy of your insurance certificate. Click here for procedure

Safety and Emergency Preparedness

1. Safety:

5. What is your most recent DOT safety rating?

Please provide copy of DOT safety rating documentation.

Click here for procedure

- B. DOT reportable accident rate per million vehicle miles: 1999:
1998:

2. Emergency Responses:

- A. Do you have an active, documented emergency response plan? Yes ☐ No ☐

- B. Do you have a system for tracking/reporting accidents? Yes ☐ No ☐

3. Accident Communications:

- A. Are written accident reports required of drivers? Yes ☐ No ☐

- B. Is shipper notified of accidents? Yes ☐ No ☐

Operational

1. What mileage system(s) do you utilize (PC Miler, MileMaker, etc)?

2. Would you be willing to use PC Miler in mileage calculations? Yes ☐ No ☐

3. Can you provide multi-drop and multi-pick load servicing if necessary? Yes ☐ No ☐

4. Do you have established transit time standards by lane? Yes ☐ No ☐

If yes, what was your on-time performance against these Standards in the last 12 months?

%

5. What is your current on-time delivery performance record? %

6. What percentage of loads tendered in the last 12 months did you accept?

Truckload: %

LTL: %

Fig 4d

7. What is the nature of your current tracking/tracing capacity?

☐

Beeper

☐

On-board computer

☐

Cellular phone

☐

Satellite communication

☐

Driver call-in

☐

Other:

8. Please characterize your pickup and delivery capabilities:

	Available?		Additional cost?	
Saturdays	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sundays	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Holidays	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
After-hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Enter states you want to exclude to limit lanes you bid on.

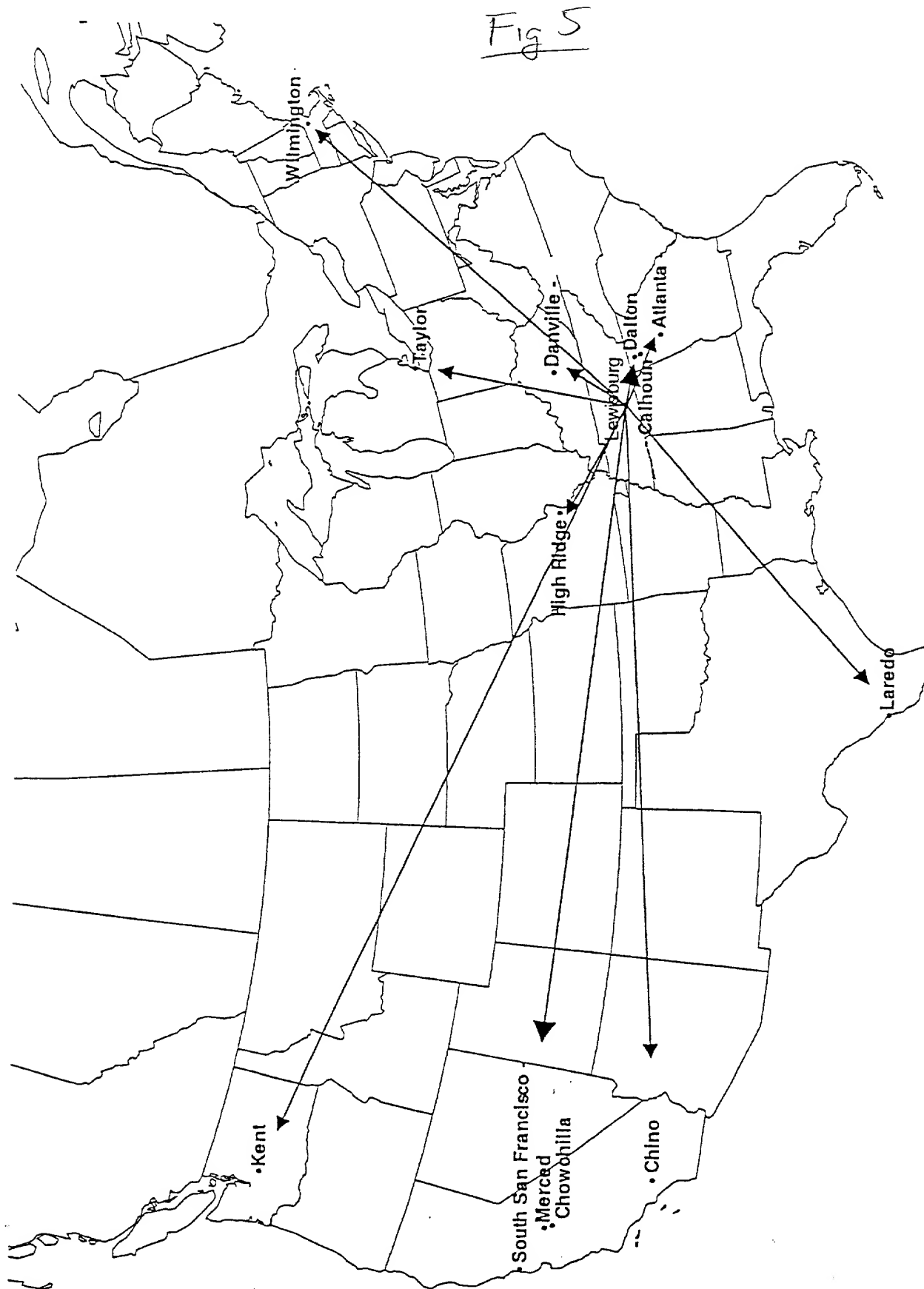
Origin State List

Excluded

Destination State List

Excluded

destination points and shipments from Lewisburg, TN



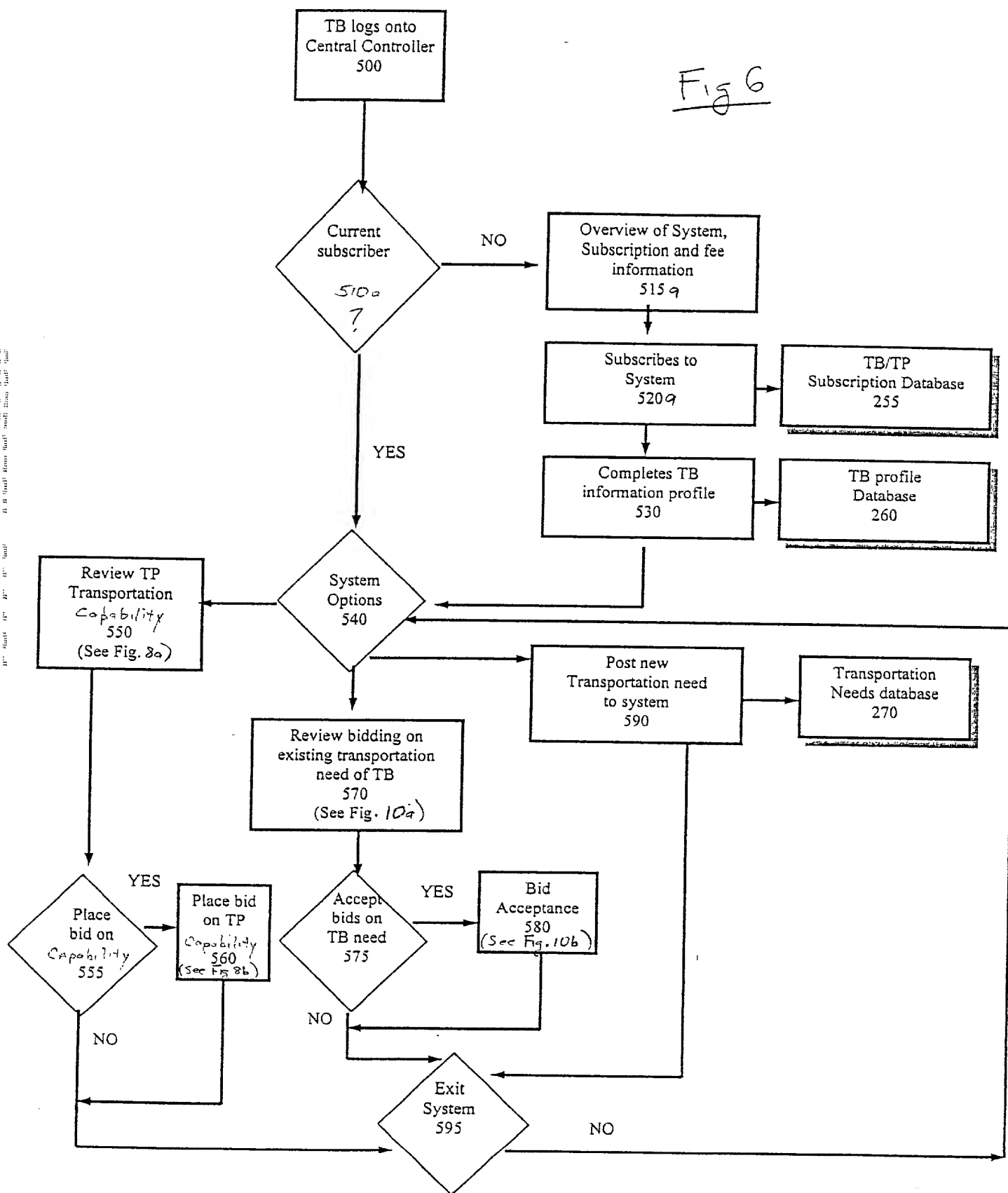


Fig 7

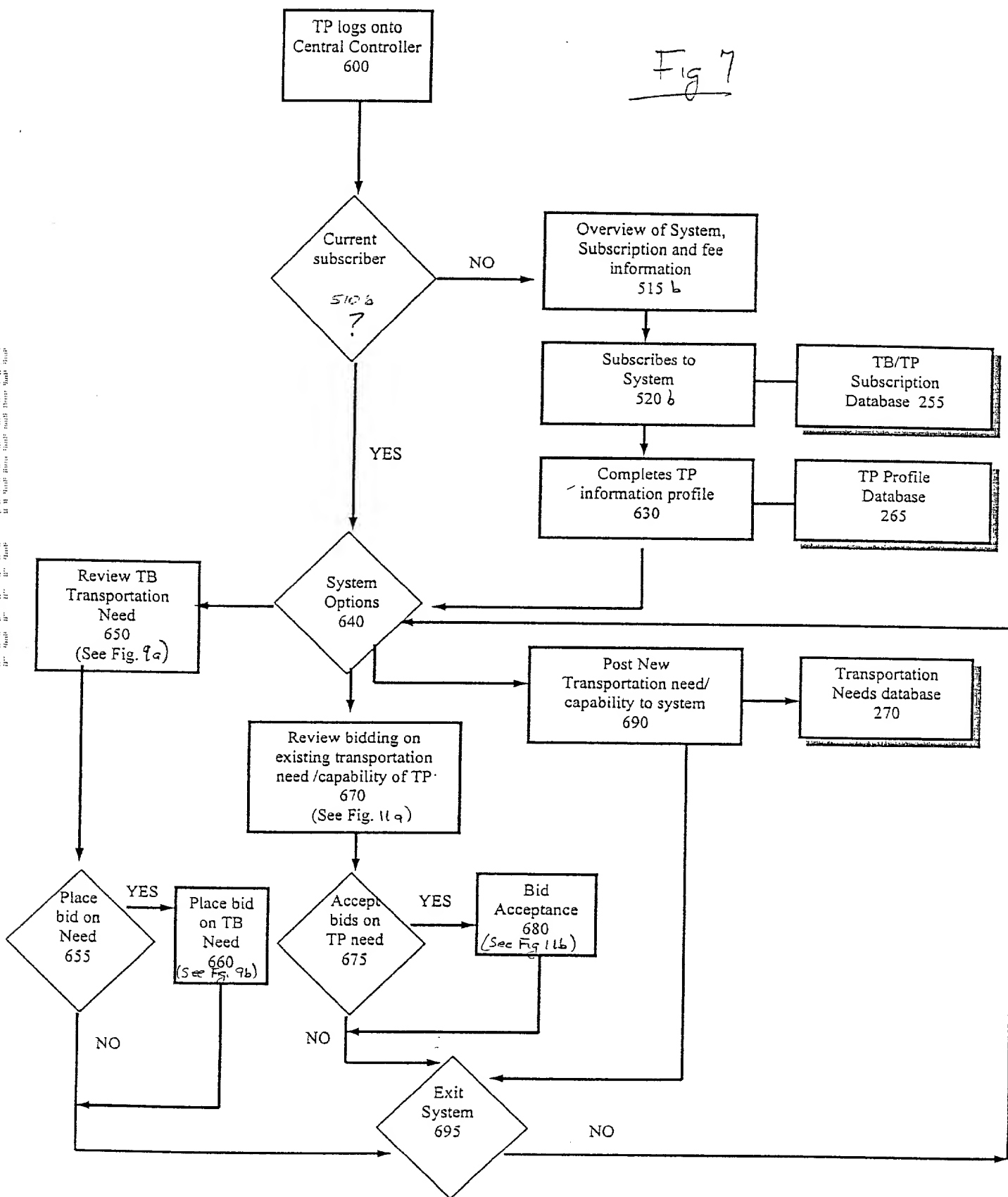


Fig 8

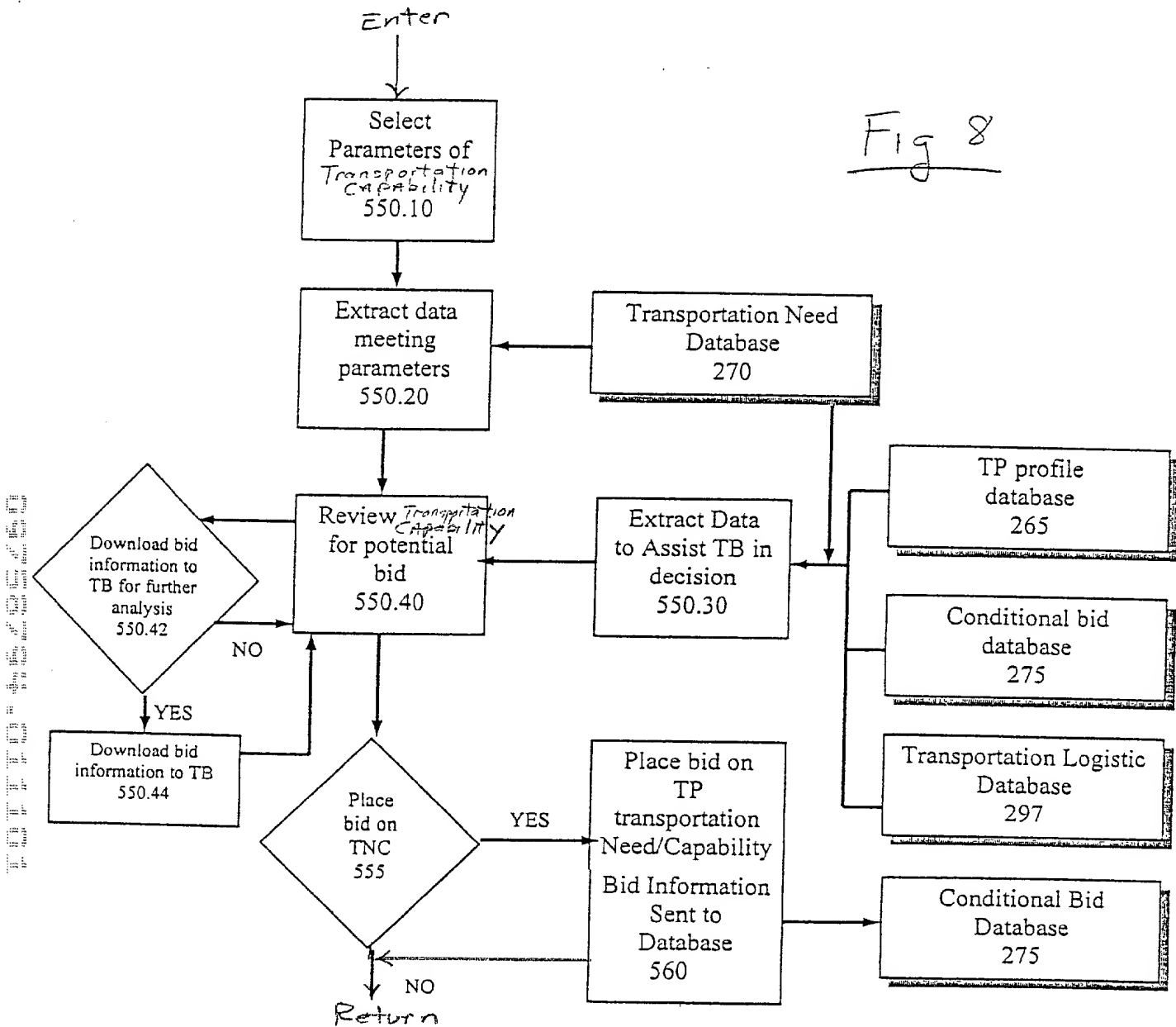


Fig 9

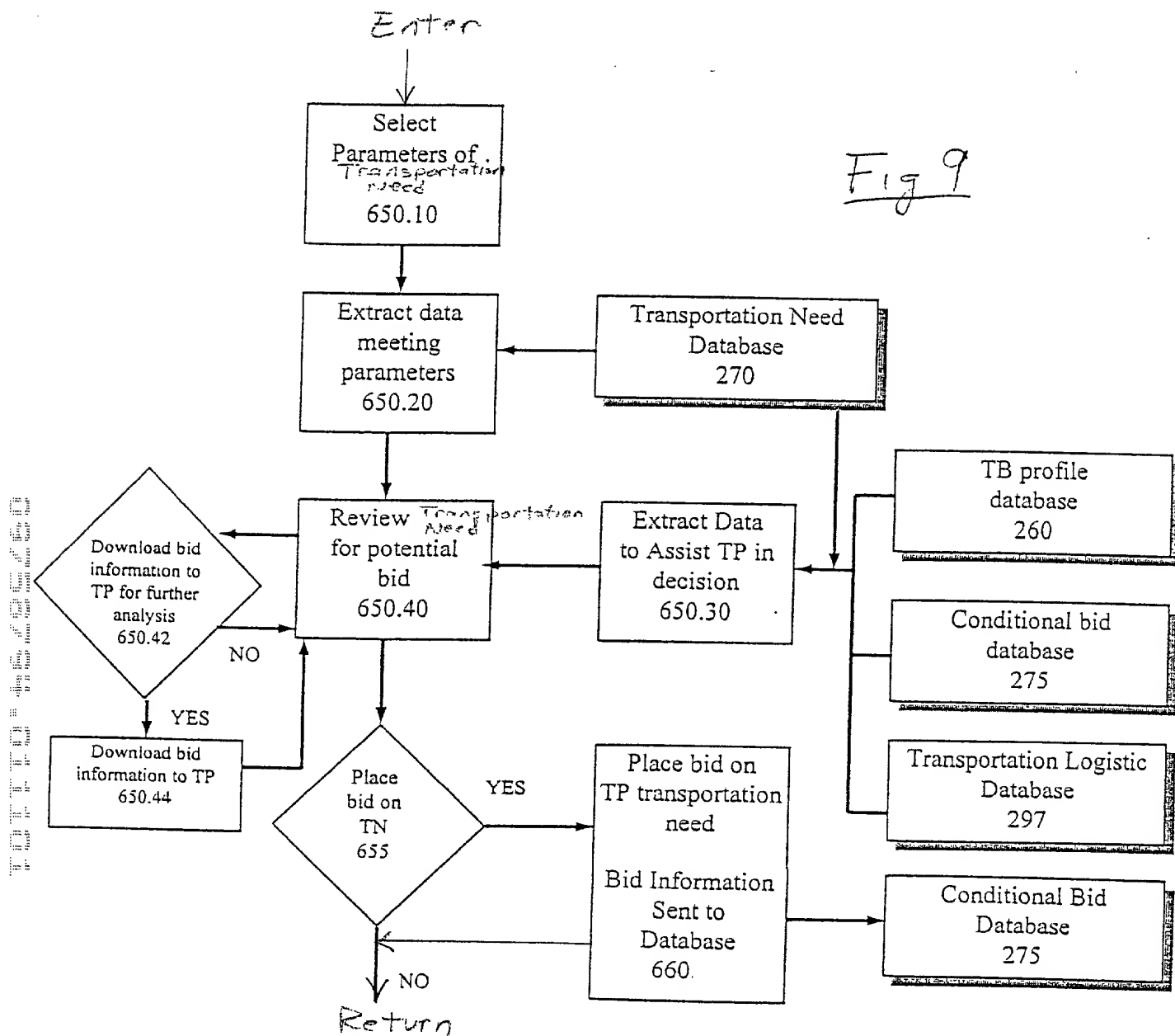


Fig 10a

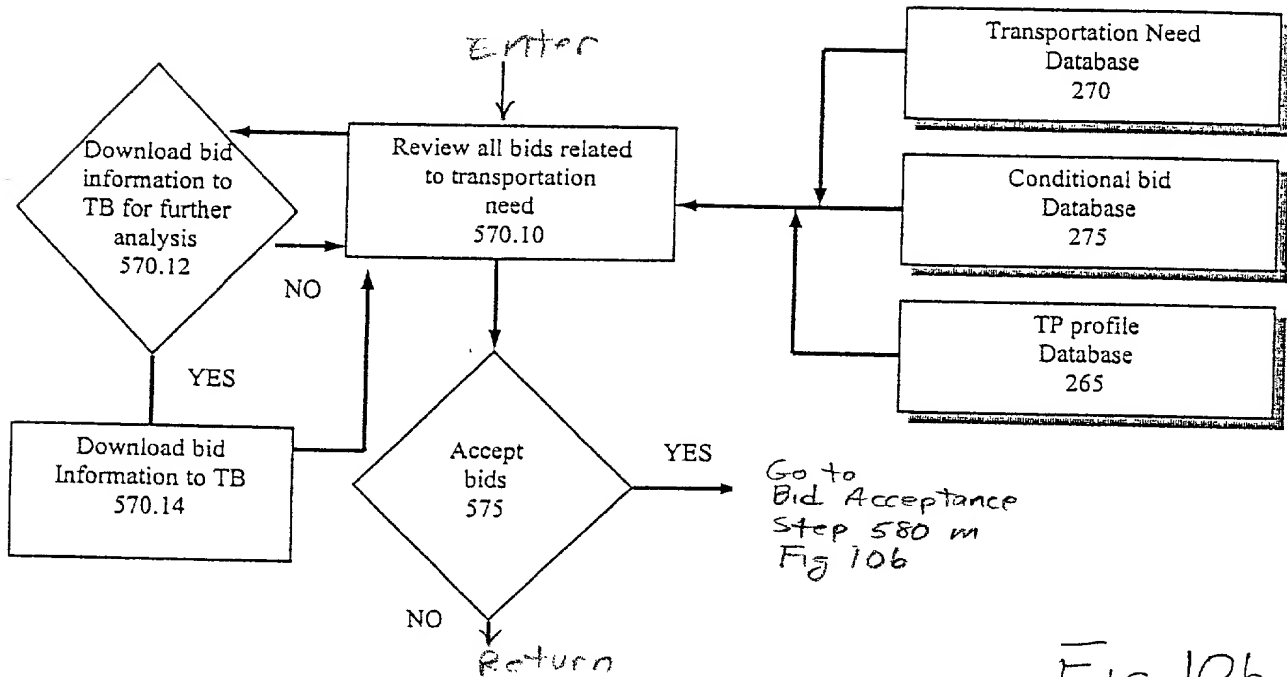


Fig 10b

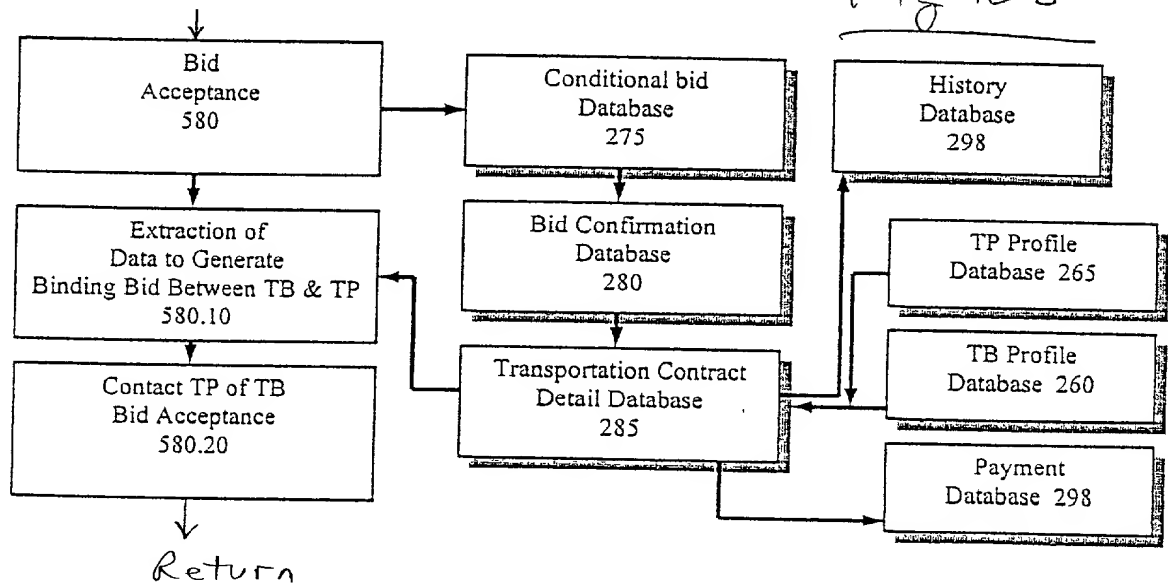


Fig 11a

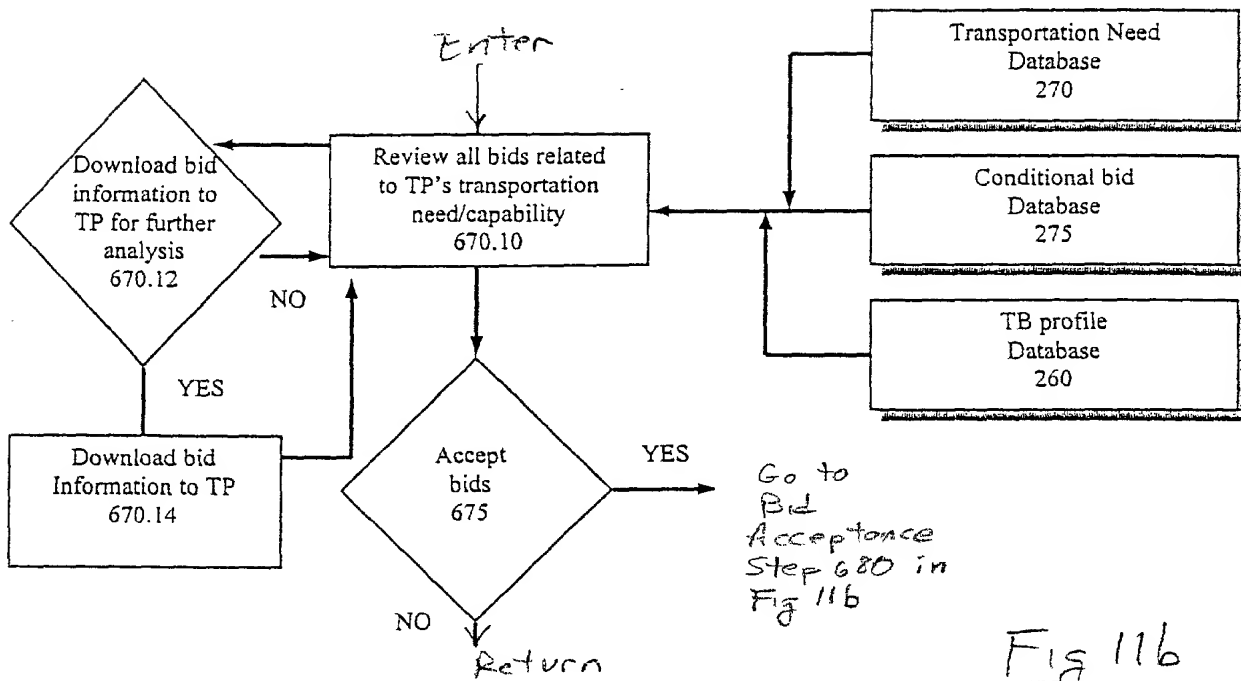


Fig 11b

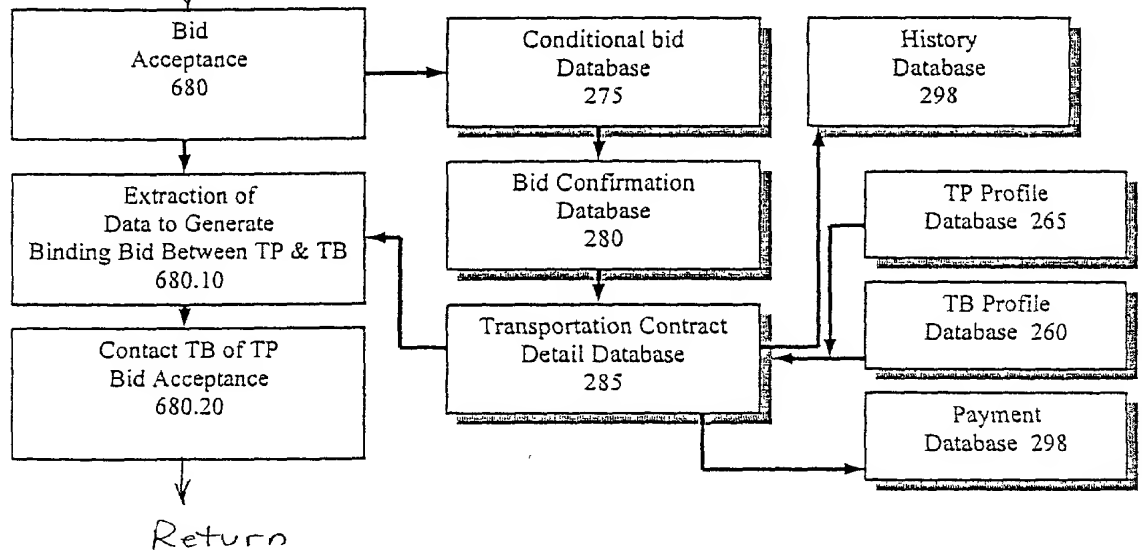


Fig 12
TB Transportation Need

Transportation need number 12345 [assigned by system]

Transportation buyer system subscription number

TRANSPORTATION NEED DESCRIPTION

Origin(s) [Enter each lane information]

State	City	Zip	Earliest Departure Date & Time	Latest Departure Date & Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Destination(s)

State	City	Zip	Earliest Arrival Time	Latest Arrival Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mileage

Description of commodity

Weight

Size

Number of pallets

Expiration date & time

Fig 13
TP Transportation Capability

Transportation Capability Number 12345

[assigned by system]

Transportation provider system subscription number

TRANSPORTATION Capability Description

Origin

State

City

Zip

Earliest Departure
Date & Time

Latest Departure
Date & Time

Destination

State

City

Zip

Earliest Arrival
Time

Latest Arrival
Time

Equipment Description

(Pull down screen)

Interior load width

Maximum weight

Expiration date & time